

Clinical Section

51

about fourteen years ago and both his skull and mandible were fractured. Ever since then he has been unable to open his mouth.

In February of this year he was admitted to Guy's Hospital, and he could then only depress his mandible about $\frac{1}{4}$ in. The mandible was retracted about $\frac{1}{2}$ in. behind the maxilla, and there appeared to be considerable thickening in the region of the temporo-mandibular joints on both sides. X-ray examination failed to reveal the site of the old fracture, though it appeared that the right joint was more seriously affected than the left. The right side was therefore opened first, and when the joint was exposed firm, bony ankylosis was found. The condyle and part of the neck of the ascending ramus were removed so that a gap of about $\frac{1}{4}$ in. was left between the two bony surfaces. Into this a piece of temporal fascia was inserted. A week later the left side was opened and a similar, though less difficult, operation was performed.

Two dental props were then placed in the mouth in the molar region. At first these were left in altogether for two days. They were then removed for meals, and later throughout the day; movement of the lower jaw being encouraged by the use of chewing gum, etc. More recently patient has been fitted by the Dental Department with a special prop to wear at night.

On February 21 he could separate his teeth sufficiently well to enable him to push his tongue between them, and the range of movement is steadily increasing. There is still, however, some resistance on the right side which may need further operative treatment.

Syringomyelia with Charcot's Shoulder.

By C. P. SYMONDS, M.D.

G. B., AGED 27, male. First attended hospital in May, 1926, on account of pain and swelling in the right shoulder.

His story was that two days before, on a Sunday evening, he had felt a sharp pain on the right side of his neck, which ran down into his shoulder; subsequently there was swelling of the shoulder and some pain on movement, but he went to work as usual on the following day.

On examination there was found to be great swelling of the right shoulder, apparently due to distension of the shoulder-joint, together with compression of the veins; for there was some cedema of the arm, extending down to the back of the hand. Active movement was limited, passive movement was free but somewhat painful, and was attended by marked crepitus in the joint.

X-ray examination showed: (1) extensive destruction of the upper end of the humerus, the head of the bone having completely disappeared, (2) a fracture of the greater tuberosity, and (3) new bone formation in the soft tissues.

Neurological examination showed an area of dissociated anæsthesia involving on the left side the fourth cervical root area, extending across the chest to the right shoulder and involving the cervical root areas 4 to 8 and the thoracic root area 1 on this side. The tendon jerks of both arms were absent and the plantar response from the right foot was extensor. Over these areas cotton-wool sensation was normally appreciated, the painful element of pin-prick was not felt, heat and cold were imperfectly distinguished, sense of position and passive movement were normal. There was no noticeable muscular wasting or weakness.